April 15, 1913: Patient is up and about, doing her own housework, and apparently her compensation is very efficient, for with the exception of an occasional swelling of the feet after being on them for a long time, she experiences no discomfort.

625 Seventy-Second Avenue.

PERSISTENT HICCUPS

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I feel that I should report the following case for a twofold reason: first, because of the immediate response to the drug of the troublesome hiccups which had been persistent for eight days, and were fast sapping the patient's strength and vitality; and secondly, on account of the clearing up of an old chronic bilateral exuding eczema on the flexor surface of the arms.

History.—The patient, J. R., bachelor, 48 years old, was a large, healthy-looking fellow with ruddy complexion, probably due to his occupation; he was foreman of the signal service of a large railroad, and his work kept him out of doors in all kinds of weather. While not a teetotaler, he was abstemious. Mother died following an operation for gallstones; father died of old age; one brother and one sister were living and healthy, except that the brother was troubled with eczema on one hand.

Present Trouble.—Patient called me Feb. 28, 1913, for hiccups, which had persisted for four days before I saw him. He was fast breaking down and losing his healthy appearance.

Examination.—Pulse was 58, temperature normal, systolic pressure 140 mm., diastolic 90 mm., leaving a fairly high pulse-pressure of 50 mm. He could give no reason for his condition unless, as he said, it was due to a drink of cold beer which he had taken forty-eight hours before the hiccups started. This seemed to me a rather long "incubation" unless there is some special toxin or irritant in our "famous beer" which takes two days to show its effect. He complained of soreness in the epigastrium and intercostal muscles, which was probably due to the continual spasms of the diaphragm. There was slight tenderness at McBurney's point, but the abdominal muscles were lax and there was no indication of appendicitis. He had been troubled for many years with chronic exuding eczema of the arms.

Treatment and Results.—A soap-suds enema was given and stomach lavage was tried, with no relief. I gave large doses of bicarbonate of soda and bismuth, but without any appreciable result. I tried flexure of the thighs on the abdomen, with pressure against the diaphragm, according to the method of Jödicke.¹ I also tried F. Kanngiesser's² method, giving 5 gm. of citric acid in one glass and the same amount of sodium bicarbonate in another to promote effervescence in the stomach and get pressure on the diaphragm. I also tried rhythmic traction on the tongue, without avail. I then took Osler's advice and resorted to morphin, without letting the patient know what he was getting. He obtained rest only under the influence of morphin; when he awoke his hiccups would return. Four days after I was first called, eight days after the trouble began, after resorting to several other things, I finally consulted Dr. L. F. Jermain, who suggested atropin. I wondered why I had not thought of this drug before, as it was clearly indicated in this case, which was, without doubt, a case of what Eppinger and Hess called "vagus-tony"; in other words, the hiccups were due to some abnormal excitability of the inhibitory fibers of the vagus nerve, a fact which could have been gleaned from the bradycardia. After one injection of 1/50 grain of atropin, the patient's hiccups stopped and never returned. I continued giving 1/50 grain atropin once

a day for eight days. Pulse increased to 70, appetite returned and the persistent chronic weeping eczema healed and dried up, leaving the patient's arms in a generally healthy state.

I have searched the medical literature thoroughly and find no other instance in which atropin has had such an effect on chronic exuding eczema. It is not my intention to recommend it as a routine treatment for this condition, but merely to report what occurred coincidentally in the treatment of hiccups. After it was suggested no treatment was given other than the injection of atropin.

600 Grand Avenue.

ONE GAUZE SPONGE REMOVED FROM BLADDER, ANOTHER FROM THE VAGINA, MONTHS AFTER A DÜHRSSSEN OPERATION FOR PROLAPSE

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Stoeckel¹ reports the removal from the bladder of a gauze sponge that had wandered there after a Dührssen operation. He had another case of sponge in the bladder following an abdominal operation. He states that Kernauner is the only one who has made a diagnosis before operation of gauze sponge in the bladder. In my case, the history of which follows, the diagnosis was made before operation.

Patient.—A woman 43 years old had a Dührssen interposition operation for prolapse in the summer of 1911. Immediately after the operation there was much wound discharge of a seropurulent nature, and the patient ran a temperature of 100 to 101 F. for eight or ten days. Shortly after leaving the hospital she began to have bladder discomfort, which gradually increased. At the end of five months, when this discomfort was extreme, I performed a cystoscopy and found that the portion of the bladder in the region of the right ureter showed bullous edema, which obscured the ureteral orifice, over an area the size of a half dollar, and later I again did cystoscopy and was surprised to see a small portion of gauze sticking from the middle of the edematous area. The patient was advised to come to the hospital. She went home and the next day had a sensation as if something had given away, and afterwards was unable to pass her urine. The suffering from the retention was intense and catheterization was necessary. The next day, under ether anesthesia, with the patient in the knee-chest posture, through a No. 12 Kelly speculum, I removed a small probang sponge with no difficulty at all. Following this the cystitis rapidly cleared.

Three months later the patient again called and said that for two weeks she had had a profuse watery vaginal discharge. With the patient in the knee-breast posture and the perineum retracted with a Sims speculum, a small bit of gauze was seen protruding from a small opening in the anterior vaginal wall. By constant traction another small probang sponge was removed. After this the patient recovered completely and the result of the Dührssen operation was entirely satisfactory.

The noteworthy features of this case are the complete closure of the wound in the presence of a foreign body, the appearance of one sponge in the bladder many months after the operation, and the other in the vagina months subsequent to this.

393 West End Avenue.

1. Stoeckel: *Ztschr. f. gynäk. Urol.*, January, 1913, No. 1.

Municipal Health Work.—No city can know its own health conditions—no city can determine offhand whether its preventable diseases are excessive or not—unless there are available the data of other cities of like size and similarly situated. The average citizen becomes so accustomed to the prevalence of disease about him that he regards the condition in his home town as "normal" and "inevitable."—Birth and Death Bookkeeping, bulletin used by Association of Life-Insurance Presidents.

1. Jödicke, P.: *Med. Klin.*, Berlin, May 28, 1911.

2. Kanngiesser, F.: *Persistent Hiccough*, *Med. Klin.*, Berlin, March 20, 1911.